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| RITA Crest | **ITF INTERNATIONAL INSTRUCTOR COURSE & ITF INTERNATIONAL TECHNICAL SEMINAR**Conducted by**Grandmaster Francis Barrett IX Degree***19th and 20th October 2019, 9:00am to 5:00pm**West County Hotel, Co. Dublin, Ireland***APPLICATION FORM****Please type or print clearly** | itf_logo_100 |

**PART 1 - APPLICANT DETAILS**

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| --- | --- | --- | --- |
| Full Name: |  | Rank (Dan): |  |
| Postal Address: |  |
|  |  |
| Nationality: |  | Phone: |  |
| E-mail Address: |  | Date of Birth: |  |
| ITF Booklet Number |  | ITF Cert. Number:  |  |

**PART 2 - ORGANISATION DETAILS**

|  |  |
| --- | --- |
| Name of Taekwon-Do School: |  |
| Instructors Name: |  |
| Association Name: |  |

**PART 3 - ATTENDANCE**

**Please tick relevant box**

**Seminar & IIC Fees**

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| I am a 6th Kup to 1st Kup and apply for the Saturday seminar only and enclose fee of | 50 Euro\* |  |
| I am a 1st - 3rd Degree and apply for the full Seminar/Course and enclose fee of | 120 Euro\* |  |
| I am 4th – 6th Degree and apply for the full Seminar/Course and enclose fee of | 150 Euro\* |  |
| I am 7th – 8th Degree and apply for the full Seminar/Course  | -------- |  |
| **\*A discount of 10 euro on the Course fee applies for all RITA members. Same fees apply for Jnr/Snr.** |

**All payments in EURO must be lodged directly to the RITA Bank Account and proof of lodgement submitted with application form. Bank Account Details are as follows:**

* + **Bank Name: Permanent TSB**
	+ **Account Name: RITA No. 1 Account**
	+ **Sort code: 990624 account number: 28279895**
	+ **BIC: IPBSIE2D IBAN: IE76IPBS99062428279895**

Any Black Belts who wish to take a Degree Test should contact the RITA National Secretary.
Application for Degree Test must be made separately and the appropriate application form & fees submitted, observing the usual protocols regarding NGB and ITF permission as appropriate.

\*\* Please note also that the full international seminar fees do not include ITF Seminar certificate, but participants on the full course will receive barcode for the ITF Membership booklet. If you wish to receive a certificate, an additional payment of **30 Euro** should be included with your application.

**PART 4 - VERIFICATION**

**I am aware that injuries can occur and will accept responsibility for any that I may sustain during these events**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Parent or Guardian if under 18 years**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor’s Signature:** |  | **Date:** |  |

**PART 5 - CLOSING DATE**

**All application forms & lodgement receipts should be sent to:**

**RITA National Secretary, 32 Alderwood Ave, Springfield, Tallaght, Dublin 24, Ireland**

**before the closing date of Thursday 10th October.**

Tel. 00 353 (0)1 4510462 Email secretary@rita-itf.ie